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## Case No. 78295 (25-15 US)

VIA FACSIMILE NO. 571-273-8300 MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA, VA 22313

In re Application of:

DOUGHERTY ET AL

Serial No.:

10/629,143

Filed:

**JULY 29, 2003** 

Confirmation No.

6592

For:

POLARIZATION COMPENSATED COPTICAL TAP

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small entity status of this application under 37 CFR § 1.27 has been established by a verified statement previously submitted
- [ ] A verified statement to establish small entity status under 37 CFR § 1,27 is enclosed.
- [ ] No additional fee is required.

The fee has been calculated as shown below:

|   | (Cal, 1)                                  | (Col. 2)                              | (Col. 3)         |                       | SMALL ENTITY |             | LARGE ENTITY          |        |
|---|---|---------------------------------------|------------------|-----------------------|--------------|-------------|-----------------------|--------|
| FOR:  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                  | FEE          |             | RATE                  | FEE    |
| TOTAL<br>CLAIMS                               | 9   | 20                                    | 0                | X 25                  | \$           | <b>⊙</b> R  | X 50                  | \$     |
| INDEPT<br>CLAIMS                              | 5   | 4                                     | 1                | X 100                 | \$           | <u>OR</u>   | X 200                 | \$ 200 |
| [ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                       |                  | + 180                 | s            | <b>Ω</b> 8. | + 360                 |        |
|   |   |                                       |                  | TOTAL<br>ADD'L<br>FEE |              |             | TOTAL<br>ADD'L<br>FEE | \$ 200 |

If the entry in Col. 1 Is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For. IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For." (Total or Independent) is the highest number found from the equivalent box in Col. 1

of a prior amendment of the number of claims originally filed.

Authorization is given to charge Deposit Account **50-1465** in the amount of \$200.00 for additional claim fees.

The Commissioner is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Account No., 50-1465.

[X] PLEASE ADDRESS ALL CORRESPONDENCE TO ATTORNEY OF RECORD: CHARLES E. WANDS

[X] Please associate this application with Customer No. 27975

July 19, 2006 DATE

CHARLES E. WANDS REG. NO. 25,649

Customer No.: 27975

Telephone (321) 725-4760